HERE FACING OUT >>> ATTACH W-2 FORMS

City of North Canton, Ohio Income Tax Return

For calendar year ending December 31, 2014

DUE DATE - APRIL 15, 2015

City of North Canton Income Tax

www.northcantonohio.gov

North Canton, Ohio 44720

145 N. Main St.

Tax Office Use Only

Date

Refund Code ___

\$ Tax

\$ Est

330-499-3467 Fax: 330-499-2960 Cash _ Check_ File this return on or before April 15, 2015 or Process By_ within 4 months of close of fiscal year. TAXPAYER SOCIAL SECURITY NO. Requests for extensions must be submitted in writing on or before April 15, 2015. SPOUSE SOCIAL SECURITY NO. Pay online at northcantonohio.gov or make check payable to "City of North Canton" Indicate filing status: ___Individual ___Joint Return ___Other MAKE NAME AND ADDRESS CORRECTION Married filing Separate Name: Address: _____ - BUSINESS ONLY FID #: ____ Address 2: Did you move into or out of N. Canton during the year? () Yes () No Date Moved INTO North Canton ___ State: Zip: City: Previous Address Date Moved OUT of North Canton ____ FILING REQUIRED IF NO TAX DUE OR NO INCOME EARNED For Wages, Use Medicare Wage Box 1. TOTAL WAGES (ALL W-2 COPIES AND 1099 COPIES MUST BE ATTACHED) (see instructions) N. CANTON TAX TOTAL W-2 & TAX PAID EMPLOYER NAME WHERE EMPLOYED OTHER CITIES WITHHELD 1099 WAGES TOTALS 2. Other Taxable Income (including gambling winnings) 3. Business Income: A. Rental Income from Page 2 (Attach Federal Forms) B. Net Profit from Business from Page 2 (Attach Federal Forms) C. Partner's Distributive Share of Partnership Income (Attach K-1's) D. Total Business Income NOTE: Business or rental losses may not be used to offset wages. 4. Deductions: A. Wages earned prior to moving in or out of North Canton or prior to 18th birthday 5. \$ 5. Taxable Income (Add lines 1, 2 and 3D and subtract line 4A) 6. \$ 6. North Canton City Tax (1.5% of Line 5) 7. Credits: A. North Canton Tax withheld by employer(s) B. Income Tax paid to other cities (Not to exceed 1.5% of income taxes in that City) C. Payment of Declaration of Estimated Tax (or Credit Carryover) 7D. \$ D. Total Credits (Add A, B, C) 8. Balance Tax Due, If Line 6 exceeds line 7D 9 9. Overpayment Claimed, If Line 7D exceeds Line 6 10. CREDIT to 2015 estimate (if no estimate due use Line 11) 11. To be REFUNDED (if estimate due use Line 10) NOTE: If under eighteen, need proof of age for refund. 12. Late filing penalty - returns filed or postmarked after April 15th, enter \$50.00 fine (1/2% per month) _____(1/2% per month) Interest \$ ______(1/2% per month) Estimate P&I \$ _____ Total 13. \$ 13. Penalty \$_ 14. Total amount due - MUST BE PAID IN FULL WITH THIS RETURN PAYABLE TO CITY OF NORTH CANTON 14. \$ No taxes or refunds of less than \$2.00 shall be collected or refunded **MANDATORY DECLARATION OF ESTIMATED TAX FOR 2015** (Subject to interest and penalties if not filed and paid-see instructions) 1. Total income subject to North Canton tax \$___ ___ @ 1.5% 2. LESS TAX TO BE WITHHELD Must be filed if A. By a North Canton employer city income tax B. By an employer in_ (name of City) is not withheld 3. Balance estimated North Canton tax by your 4. LESS CREDITS: A. Overpayment on Prior Year Return employer B. Other (Specify) Total Credits 5. Net Tax Due (line 3 less total of line 4) 6. Amount paid with this return (not less than 25% of line 5) (Make payable to City of North Canton) 7. Balance of Tax I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE IT IS TRUE, CORRECT AND COMPLETE.

Signature of Person Preparing, if Other Than Taxpayer Signature of Taxpayer or Agent Required Address or Name and Address of Firm Spouse's Signature Date

Date

	Disregard t	this page if	f entire tax	able income i	is from s	alary and	wages					
SCHE	RENTAL INCOME - Att	ach Federa	l Schedule	E or Form 882	25.							
KIND & L	OCATION OF PROPERTY	AMOUNT C	OF RENT	DEPRECIATION	ON RI	EPAIRS	OTHER E	XPENSES	NET I	NCOME (LOSS)		
									1			
									_			
									1			
NET INCOME (OR LOSS) SCHEDULE G							PAGE	1, LINE 3A	\$			
NOTE: Losses for rentals located outside the City can only be used to offset profits from rental units located outside the City.												
Ohio's Municipal Income Tax Reform (House Bill 95) created a uniform Net F Schedule C, E and F filers, taxable income shall be computed as if the taxpa income calculation. Returns which do not comply will be amended by the Taxable income calculation. Returns which do not comply will be amended by the Taxable income calculation. Returns which do not comply will be amended by the Taxable income calculation. Returns which do not comply will be amended by the Taxable income calculation. Returns which do not comply will be amended by the Taxable income calculation income to provide the taxable income calculation income to provide the taxable income to provide the taxable income to provide the taxable income tax Ordinance (per Line i, Schedule X) and the taxable income tax Ordinance (per Line i, Schedule X) and the taxable income taxable in				et Profits Base. Epayer is a C co Tax Departmen Fillers) - Attach a DEDUCTIONS p Line 17; Form 98 X) (1) B E TAX RETUR i. Ca exc to t j. Inte	Profits Base. Returns must comply with Ohio Revised ayer is a C corporation. Include all schedules and state ax Department or returned to the taxpayer for resubmisters) - Attach all federal schedules and supporting statest (EDUCTIONS per attached return (Form 1120, Line 28; Form 11 ine 17; Form 990T, Line 30) 1. 2. 3. 4. 1) 5. TAX RETURN - UNIFORM NET PROFITS BASE ITEMS NOT TAXABLE i. Capital Gains (IRC 1221 or 1231 property, except to the extent the income and gains apply to those described in IRC section 1245 or 1250)					Code 718.01. Excluding ements to support your sion. ments 120S, Schedule K; \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
	Guaranteed payments or accruals to or for current				Interest \$							
or former partners or members \$				Dividends					Φ			
e. Amounts for qualified self-employed retirement,				Patents, copyrights, etc.					\$			
health & life insurance plans for owners of non-C				k. Other (Explain)					\$			
	•			k. Ou	ilei (⊏xpiai	11)						
	corporation entities \$			-						_ \$		
	mounts allowed as a deduction in the computation deral taxable income for REIT or RIC.	1							. \$.			
	_											
g. Othe	r (Explain)											
		\$		_								
h. Total	additions (Line 2, Schedule H above)	\$		I. Tot	tal deduction	ons (Line 3,	Schedule H a	ibove)	\$			
				-								
SCHE	BUSINESS ALLOCATI	ON FORMU	JLA - FOR	NON-RESIDE	NT BUSI	NESS EN	TITIES ONL'	Y				
			Α.	Located Every	where	B. Locat	ed in N. Can	iton C). Perce	entage (B/A)		
STEP 1	Avg original book value of real & tangible	property	\$			\$						
	Gross annual rentals multipled by 8		\$			\$						
	Total Step 1		\$			\$				%		
STEP 2	Total wages, salaries, commissions and	other										
	compensation paid to all employees		\$			\$				%		
STEP 3	Gross receipts from sales and work or se	ervices	Ψ	-		·						
OTET 5	performed	/I VICCO	¢			\$				%		
OTED 4	•		\$			Φ						
STEP 4	Total of percentages				1) (1.1					%		
STEP 5 Average percentage (Divide total percentages by number of percentages used) (Line 5, Schedule H above) %												
.0045	DADTNEDO DICTORI	ITIVE CLIA!				DEDAL OC	יווברווי בס	106EV AND	1000			
SCHEDULE Z PARTNERS' DISTRIBUTIVE SHARE OF NET INCOME - FROM FEDERAL SCHEDULES 1065K AND 1099 2. Resident 3. Distributive Shares of Partners 5. Taxable 6. Amount												
1 NIANA	E AND MUNICIPALITY OF EACH PARTNER	Yes	No No	3. Distributive Sr Percent	Distributive Shares of Partners Percent Amount 4. Other Payments				5. Taxable 6. Amount Percentage Taxable			
I. INAIVII	LAND WONGFALLE OF EACH PARTNER	162	INU	Fercent	Amount	4. 00	iei rayiileiits	. Crociila	3~	IGAGDIG		
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7. Totals from Schedule G and H Above 100% \$

NOTE: Schedule Z must be completed by all partnerships and associations filing returns. Amounts must correspond to amounts reported in Schedule G and Schedule H above.